PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1 130(a)			Docket Number (Optional) 740756-2183	
·	HIRCAIL OF MAILING OR	In re Application of Shunpei YAMAZAKI		
TRANSMISSION 37 (TRANS)				
Thereby certify that this correspondence is being			er 09 620,968	
deposited with the United States Postal Service with sufficient postage for first class usual in an envelope addressed to Mail Stop. Commissioner for Patents, P.O. Box 145% Alexandria, Virginia 22313-145% or being facsimal transmitted to the USPTO at 100.000		FOR METHOD OF FC	OK MING INSULATING	J FILMS, CAPACITANCES
		Group Art Unit 2814 Examiner Nathan W. Ha		Examiner Nathan W. Ha
Signature				
Name				
	equest under the provisions to above identified application		o extend the period	for filing a
	sted extension and appropri- ne period desired):	ate entity fee are as fo	ollows	
[☑ One month (37 CFR 1.1	7(a)(1)) - (\$55 \$110)		\$100.00
[☐ Two months (37 CFR 1.17(a)(2)) - (\$205 \$410)			\$
[☐ Three months (37 CFR 1.17(a)(3)) - (\$465 \$930)			S
	☐ Four months (37 CFR 1.17(a)(4)) - (\$725 \$1450)			S
[☐ Five months (37 CFR 1.	Five months (37 CFR 1.17(a)(5)) - (\$985 \$1970)		
☐ Appl:	icant claims small entity stat	us.		
➤ A che	eck to cover the fee is enclos	sed.		
	ent by credit card. Form PT			
☐ The C				
The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380. I have enclosed a duplicate copy of this sheet.				
I am the [applicant inventor			i
[assignee of record of the Statement under 37	entire interest. See CFR 3.73(b) is enclo		B 96).
[■ attorney or agent of reco	ord.		
ι	attorney or agent under I Registration number	37 CFR 1.34(a). r if acting under 37 C	FR 1.34(a)	·
	RNING: Information on the ded on this form. Provide			ard information should not be ation on PTO-2038.
£	August 15, 2003 Date		Jeffrey L. Cost	Signature ellia - Reg. No. 35,483 for printed name
	natures of all the inventors or assign te than one signature is required, se		interest or their represe	entative(s) are required. Submit multiple
☐ Total o				
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